Mealth **Beyartment** Office of Regis The Physician who attended any person in a last if ness, is respinsible for the Dresentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, a coner, if requested so to do, under penalty of law.

No Permit for Burial can be the Annu without a last extremely a last extremely filled out. Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Finale, {Cross out the word not required in this line. Days. Age,.. Color. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,...  $Birth \;\; Place, egin{cases} ext{State or country, and how} \ ext{long in the United States,} \ ext{if of foreign birth.} \end{cases}$ Duration of Residence in the City of Baltimore,... Place of Death, Give Street and Number. Cause of Death,  $\left\{\begin{array}{l} \text{First (Primary),} \end{array}\right.$ Typhe malarial haver Second (Immediate),... 9 days Duration of Last Sickness, Place of Business, 12 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

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The Special Attention of Physician	s is Respectfully Invited to t	the Remarks below	w, and to List of Bis	eases on back of this	Certifica
Health	Departmen	t. Citn	of Bal	timore	
Permit No. 622	Office of Regier	COMPANY OF THE	and Canadad.		17:
requested so to do, under penalty of	any person in a last illness, superintending the bright. I law. TF FOR BURIAL CAN BE OB	thin wordy four	hours to he deat	h of said deceased, o	ely filled o
CER	TIFICAT	FORT	BEAT	ГН	
	June	24 -	- 87		
Full Name of Deceased, $\left\{  ight.$	Write legibly and spell correctly. If an Infant not named, give names	Wille	in K	mink	
Sex, Male or Female, { cross required	s out the word not }	······································			
Age,	Years,	4	Months,		Days
Color,					
Married, Single, Widow of	Widower, Cross out the required in the	words not }			
$Birth\ Place, egin{cases}  ext{State or country, and long in the United S} \  ext{if of foreign birth.} \end{cases}$	- n	, , , , , , , , , , , , , , , , , , , ,		\ /	
$Birth\ Place, egin{cases}  ext{State or country, and long in the United S} \  ext{if of foreign birth.} \end{cases}$	tates,	alterno	u	V	
Duration of Residence in	the City of Baltime	re,	4 mon	tho	
Place of Death, {Give Street and Number.	1356	Manu	to av	e.	
	nary), Olol	era S	Man,	lun	
Duration of Last Sickness		I days	)		
Place of Burial,	rnished by the Physician.	6 11			
Date of Burial Quan	25th 1880	1		. /_	
Undertaker, WM	Picolaris	:/ Tr	of	Frauss	M. D.
Place of Business, 17	15 Hicery	iddress, 9	E Mong	Medical Attendant.	
xtract from Regulations of the	Board of Health to secur	e a full and co	rrect record of	he Vital Statistics	in the
	acted and ordained. That who is or her last sickness, or th	enever any person the Coroner, when	shall die in the sai the case comes unde	d city, it shall be the r his notice, to furnish ficate setting forth a serson deceased, and the	duty of
					[ Lan.

( Place of Business, 125 Class on MAddress,

Bealth Departmente City of Baltimore.	
Permit No. 123 Office of Registrar of Vilal Statistics. Ward	1.
The Physician who attended any person in a last illness in responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four field, after the death of said deceased, or sooner, requested so to do, under penalty of law	met,
requested so to do, under penalty of law.  No Permit for Burial CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.	**
CERTIFICATE OF DEATH.	•
Date of Death, June 237 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	
Sex, Male or Female, { ross out the word not }	
Age, Years, Months, Day	18.
Color, whits	
Married, Single, Widow or Widower, {Cross out the words not }	-
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Left Zee.	
Place of Death, {Give Street and } 21800. Thingh 26	
Cause of Death, Second (Immediate), School of Death, Second (Immediate), School of Death	2
Duration of Last Sickness,  All the above information should be furnished by the Physician.	_
Place of Burial, IN Oly hous us Comi	
Date of Burial, Juni 25 the 87 0 Q	
(Undertaker, Filly Broshows M. I	).
Di CD: 1823: 16 De Cala Col	P

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

THE Special Accention of Physicians is Respectionly invited to the	Manage was dolon's and fo	MINE AL DINOPOCO AN I	HOM OF CHIE
Bealth Department,	City of	Baltim	ore.
Permit No. 124 Office of Registral  The Physician who attended any person is a last illness, is respectively to the Undertaker or other person superintending the burial, within requested so to do, under penalty of law.	ponsible 6 presenta	tion of this Certifica	te, accurately filled out, leceased, or sooner, if
No PERMIT FOR BURIAL CAN BE OBTAIN  CERTIFICATE	DE DE	TATU	a
Date of Death,	Lu	u 25	Th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not mamed, give names }	Vary la	. R. 60	artwingto
Sex, Male or Female, (Cross out the word not required in this line.)		lale	
Age, Years,	8 Months.	)	Days
Color,	Hh	te	1
Married, Single, Widow or Widower, {Cross out the wo	ords not }		. [
Occupation,			
Birth Place, State or country, and how long in the United States, if of foreign birth.	Bal	to	V
Duration of Residence in the City of Baltimore,	But	tu	
Place of Death, {Give Street and }	1175-	Bow	en st
Cause of Death, { Second (Immediate),	holua	Infa	ulum
Duration of Last Sickness,  All the above information should be furnished by the Physician.	1 we	est	
Place of Burial, Coclory Mossel			
Date of Burial, Long 26		PP	Com
(Undertaker, 3. Harle		Medical A	
Place of Business, 115' Werf H	Address, Has	rour	30

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The special accention of Engalvana is nespectally infried to one account a second	
Bealth Department, City of Bal	timore.
Permit No. 125 Office of Registrar of Vital Statistic.	s. Ward 9
The Physician who attended any person in a last illness, is responsible for the presentation of the Undertaker or other person superintending the burial, within twenty-four hours after the death requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certification.	his Certificate, accurately filled on h of said deceased, or sooner,
CERTIFICATE OF DEAT	ГН.
Date of Death,	0 0
Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents.	& Suscins
Sex, Mole or Female, {Cross out the word not }	
Age, 56 Years, Months,	3 Days
Color, lotute	1/
Married, Stygle, Widow or Widower, {Cross out the words not }	<i>V</i>
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	(oruly
Duration of Residence in the City of Baltimore, 37 4	lay
Place of Death, {Give Street and } 10 3 20 St.	Carp or
Cause of Death, Second (Immediate), Cancer of Leg	Melanotico
Duration of Last Sickness, 8 months	
Place of Burial, My Olivet	
Date of Burial, Lance 26/87)	, /

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

J Undertaker, anshiften

Place of Business,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. A 626 Office of Represident of Vila Statistics. Ward 15
The Physician who attended any person in a last fillness, is respensible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within menty-four hours after the death of said deceased, or somer, if
requested so to do, under penalty of law.  No Permit for Burial can be detrived without a force Certificate.
CERTIFICATE OF DEATH.
OLICITIONIE OF DEATH.
Date of Death, June 25 th. 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names} What and Maggie Edlin and Could for parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, 12 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, B 4
Birth Place, {State or country, and how long in the United States, for foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 14. Pout they st
Cause of Death, { First (Primary), Remature Brith (Theonths) Second (Immediate), Astheria
Duration of Last Sickness,
Place of Burial/ Western Gem
Date of Burial, June 25-4/887 4 4
(Undertaker B. Karle
Place of Business, West st Address, Guergia For
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
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~~~	h <b>Department</b> ,	City of	Baltimore.	
	7 Office of Registre			16"
The Physician who attend	ded any person in a last illness, is	bordie All All Son	tation of this Certificate, accu	urately filled out,
requested so to do, under penal	ded any person in a last illness is a son superintending the burial, with ity of law.	provided interpretational property and		, or sooner, if
No Pi	ERMIT FOR BURIAL CAN BE OBTAI	ир узнора 7 Рибр	ERICERTIFICATE.	1
· CE	RTIFICATE	LOF D	EATH.	
Date of Death,	/ (mel. a		04.0	
Date of Death,	(Write legibly and spell)	I Alan	(a) ningi	70/
Full Name of Decease		TUNIV	Mulling 1	16
Sex, Male or Female,			* /	
Age, A	Years,	Month	s,	Days.
Color,	GOLARD		1	
Married, Single, Wido	ow or Widower, Cross out the wo	rds not	11	
Occupation,		Valor	ET: 1	
Birth Place, State or count long in the Unif of foreign b	try, and how nited States, oirth.	salto	- 01	
Duration of Residence	e in the City of Baltimor	e, 50	, //	
Place of Death, {Give Str	reet and }	0,500	ma Al	
( First	t (Primary),	tathe	sis	
Cause of Death, {	ond (Immediate),	Tellie	enca	
Duration of Last Sich	kness,			
Place of Burial Lan		0		
Date of Burial,	me26 1881	12 1 / K	and	
( Undertaker, The	reules Hoss	o de	Medical Attendant	M. D.
{ Place of Business,	toy Eousais A	ddress, 6/	) Shar	p41

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

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City of Baltimore.

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to the U
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Date
Full 2
Sex, 2

Age, .. Color, Marr

 $Occup \ Birth$ 

Dura Place

Cause

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Place Date

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the Ph twentythe san and da

Bealth Department,		e. / 12
Permit No. 1 628 Office of Registra	AND War Stistics. War	1 9
The Physician who attended any person in a last illness, esp to the Undertaker or other person superintending the bursal, within requested so to do, under penalty of law.  No Permit for Burial can be Obtain	poned I for the press of this Certificate, a twenty-four hours after the leath of said dece	accurately filled eat, ased, or sooner, if
CERTIFICATE	DEATH.	Food
Date of Death,	m 20/8/	
Full Name of Deceased, not named, give names of parents.	ise, Mickesdal	C **
Sex, Mate or Female, { cross out the word not }		•
Age, Years,	Months,	Days.
Color, State	telle-	/
Married, Single, Widow or Widower, {Cross out the word required in this li		
Occupation in the second secon	Torrente V	
Birth Place, long in the United States, if of foreign birth.	Irelano	
Duration of Residence in the City of Baltimore	egy.	
Place of Death, {Give Street and }	2 Jackson	2h
Cause of Death   First (Primary), Cele	age.	
Cause of Death, Second (Immediate), Lew	nal Settle 7 Fo	ralyses
Duration of Last Sickness,	18 days.	
Place of Burial, St Palinch Cemeley	*	
Place of Burial, St Palinet Cernitery  Date of Burial, June 27-1881  Undertaker, Helwy H. Mears  Place of Business, #413 E. Fayelle St Ad	Edward Pluke	ice N D
Undertaker, Helwy W. XURans	Medical Atte	odsat.
Place of Business, #4/3 & Lougelle St Ac	ddress, Let aus a	well the

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Place of Business

Healin Bepartment, City of Baltimore.
Permit No. 629 Office of Registrar of Vital Statistics. Ward 10
The Physician who attended any person in a last illness, is responsible to the recentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barial, within twenty our hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 25'/ 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 5-4 Years, Months, Days
Color, Marci
Married, Stagle, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 32
Place of Death, {Give Street and} 544 hunkber.
Cause of Death, Second (Immediate), age Heart-disease
Duration of Last Sickness, The June the
Place of Burial, Ifen Calyedra
Date of Burial, June 27 1/887 \ W. Plury and M. D.
(Undertaker / Undertaker / Ludogana Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Place of Business, 229

The Special Attention of Physicians is Respectfully Invited to the Rem	arks below, and to Lis	st of Diseases on back of t	nis Certificate.
Bealth Department,	City of ?	Baltimore.	.00
Permit No. 1030 Office of Registrar			19-
The Physician who attended any person in a last illness, is respon to the Undertaker or other person superintending the burial, within to requested so to do, under penalty of law. No Permit for Burial can be Obtained	wenty four hours after	the death of said deceased	uradely filled out, i, or sooner, if
CERTIFICATE	OF <sup>25</sup> DE	CATH.	
Date of Death, Same 24 4-	FIMOSE A		
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	na i	"I urne	X
Sex, Male or Female, {Cross out the word not }			
Age, Years,	Months,	fue.	Days.
Color, White			
Married, Single, Widow or Widower, Cross out the words in this line.	not }		
		1/	
Birth Place, State or country, and how long in the United States,	ory nu	cd. V	
Duration of Residence in the City of Dallimore,		V.V.V.	
Place of Death, {Give Street and } + 16 17 Mul	iberny de	X	
Cause of Death, Second (Immediate),	· Infa	ntum.	-
Duration of Last Sickness,  All the above information should be furnished by the Physician.	······································		
Place of Burial, London Park leem			
Date of Burial, Intre 26 1/87	MMa	ierlit	М. Д.
(Undertaker. M. A. Dagi My		( ) N. W. J. A.W. J.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]